

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

09/673719

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4		2				
5		2				
6	(1)					
7	(1)					
8	(1)					
9	(1)					
10	(1)					
11						
12		1				
13		2				
14		2				
15	(1)					
16	(1)					
17	(1)					
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49						
50						
TOTAL IND.	3		3			
TOTAL DEP.	28		26			
TOTAL CLAIMS	31		29			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY